



To: Federal Elections Commission

Fax #: 202-219-0174

From: Ohioans for Opportunity

Date: February 29, 2012

Re: 24-Hour Report

Pages: 4

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Please do not hesitate to contact me if there is a problem or question with this filing.

937.903.6544

Jeff Ruppert



Jeffrey A. Ruppert
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Columbus, Ohio 43215
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FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Ohioans for Opportunity		3. FEC Identification Number C 00512822
(b) Address (number and street) check if different than previously reported 35 East Gay Street, Suite 248		
(c) City, State and ZIP Code Columbus, Ohio 43215		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? Yes No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year-End Report

☒ 24-Hour Report

48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

02 28 2012

THROUGH

02 29 2012

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

25,000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeffrey A. Ruppert**2/29/2012**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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SCHEDULE 5-A **ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Ohioans for Opportunity

A. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE	OF
FOR LINE 7 OF FORM 5	

NAME OF FILER (In Full)

Ohioans for Opportunity

Full Name (Last, First, Middle Initial) of Payee

The New Media Firm, Inc.

Date

02 28 2012

Mailing Address

1730 Rhode Island Avenue, NW Suite 410

Amount

25,000.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Radio Media Production and Placement

Category/
Type

004

Office Sought:

☒ House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Rep. Dennis J. Kucinich

Check One:

Support

☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

25,000.00

Disbursement For:

☒ Primary

General

Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary

General

Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary

General

Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 25,000.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶ 25,000.00
(carry total from last page forward to Line 7)

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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☐ No Postmark

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N/A
 DATE PREPARED